MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05321

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY (In this place) MARYLAND 53yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Willow St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) Willow St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Gilbert	Barrick	May	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Jan. 17, 1873	79 yrs.	4			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner & Carpenter	Coal Mines	Hartmansville, W.Va.	U.S.

13. FATHER'S NAME: James Lewis Barrick

14. MOTHER'S MAIDEN NAME: Sarepta Jane Ravenscroft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	213-01-6630	Mrs. H.G. Barrick, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage with left sided paralysis	5 days
	(c) Hypertension	7 yrs

3317

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan, 1940, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Calandriello	M.D.	Kitzmiller Md	May 22-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 25/52	Kalbaugh Cemetery	Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 21/52	A.W. Barrick	Otha F. Sharpless, Blaine, W.Va.	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 29 1952
BUREAU V. S.

05322

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) -------

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) May (Last) Bittinger
4. DATE OF DEATH (Month) May (Day) 7, (Year) 1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1/21/1897
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housemaid
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Perry Bittinger
14. MOTHER'S MAIDEN NAME Martha Ellen Speicher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-30-1397
17. INFORMANT AND ADDRESS Ray E. Bittinger Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial heart Disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1946, to May 7, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 8 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/10/1952
NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.
LOCATION (City, town, or county) (State) Garrett County, Md.

DATE REC'D BY LOCAL REG. 5/10/52
REGISTRAR'S SIGNATURE Julia A Hanan Local
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN. 5. 1952
BUREAU V. S.

05323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH · COUNTY: GARRETT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: WEST VIRGINIA COUNTY: PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AURORA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location): ROUTE # 1

3. NAME OF DECEASED (Type or Print)	(First) STELLA	(Middle) PRUDENCE	(Last) BLAMBLE	4. DATE OF DEATH	(Month) MAY 30, (Day) (Year) 1952
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH: AUG. 19, 1872	9. AGE last birthday: 79 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): HORSE SHOE RUN, WEST VA.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: WOTRING, BENJAMIN		14. MOTHER'S MAIDEN NAME: CRABLE, MARGARET			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: MR. ELWOOD BLAMBLE, R #1, AURORA, W.VA.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
416x Immediate cause	(a) Ventricular Fibrillation	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular Fibrillation, Mitral Stenosis & Insufficiency	?
	(c) Rheumatic Heart Disease, Arteriosclerosis	several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1952, to May 30, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 11:05 A m., from the causes and on the date stated above.

SIGNATURE: Chas. E. Truitt M.D. (Degree or title) ADDRESS: Terra Alta W.Va. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Removal & Burial	DATE THEREOF: May 30, 1952	NAME OF CEMETERY OR CREMATORY: Texas Cemetery	LOCATION (City, town, or county) (State): Horse Shoe Run W.Va.
DATE REC'D BY LOCAL REG.: May 30, 1952	REGISTRAR'S SIGNATURE: Julia A. Rowan	24. FUNERAL DIRECTOR: R. Mallison	ADDRESS: Terra Alta W.Va.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15

RECEIVED
JUN 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05324

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett, near Friendsville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Friendsville, | LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Friendsville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Melta (Middle) Victoria (Last) Devine.

4. DATE OF DEATH: (Month) (Day) (Year) 5/12/1952 19

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 2/13/1912 | 9. AGE last birthday: 39 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Accident, Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Andrew House.

14. MOTHER'S MAIDEN NAME: Susan Durst ~~House~~.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 400-34-3391 | 17. INFORMANT AND ADDRESS: Arthur R. Devine, Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Cervix — Oct 1949.

MIX Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Emaciation

19a. DATE OF OPERATION 10/28/49 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of cervix | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 July, 1951, to 1 March, 1952, that I last saw the deceased alive on 1 March, 1952, and that death occurred at 10:00A m., from the causes and on the date stated above.

SIGNATURE Thomas D Lusby (Degree or title) M D ADDRESS Oakland. Md. DATE SIGNED 5/13/52

23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE THEREOF 5/14/1952 | NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery | LOCATION (City, town, or county) Accident, Md. (State)

DATE REC'D BY LOCAL REG. 5/14/52 | REGISTRAR'S SIGNATURE Julia A Rowan | 24. FUNERAL DIRECTOR Murray D. Bolden ADDRESS Oakland, Md.

RECEIVED
JUN 25 1952
BUREAU V. S.

05325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) John (Last) Eggers

4. DATE OF DEATH (Month) (Day) (Year) 5/28/1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 9/17/1868

9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Oakland, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Eggers, Sr.

14. MOTHER'S MAIDEN NAME Margaret Shaffer. (Eggers)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-24-0647

17. INFORMANT AND ADDRESS William Eggers, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebral Hemorrhage	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	10 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1945, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE A.E. Moore (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 30 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/31/1952

NAME OF CEMETERY OR CREMATORY St. Peters Cemetery

LOCATION (City, town, or county) (State) Oakland, Maryland.

DATE REC'D BY LOCAL REG. 5/31/1952

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1952
BUREAU V. S.

05326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) 84 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Lynn Heights

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) Loch Lynn Heights

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) White (Last) Ford

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/11/1868

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jonathin M. White

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Lower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Miss Mildred Ford Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Heart Disease	5 Year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 years
	(c) Arteriosclerosis	10 years

412.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1949, to 5/10/, 1952, that I last saw the deceased alive on 9 May, 1952, and that death occurred at 2:40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Mance MD Oakland Md 13 May 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/13/1952 | NAME OF CEMETERY OR CREMATORY: Oakland Cemetery | LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 5/13/52 | REGISTRAR'S SIGNATURE Julia A. Rowan | **24. FUNERAL DIRECTOR** Herbert C. Leighton | ADDRESS Oakland, Md.

RECEIVED
JUN 5 1952
BUREAU V. S.

27

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place) 26 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO. MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) ROUTE #1

3. NAME OF DECEASED (Type or Print): (First) ALVIN (Middle) HARRISON (Last) FRIEND
4. DATE OF DEATH: (Month) MAY (Day) 13 (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: 10/10/1889
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodman by trade
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRIEND, STEPHEN
14. MOTHER'S MAIDEN NAME: DE WITT, MARY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-2815
17. INFORMANT AND ADDRESS: LEO F. FRIEND, ROUTE #1 OAKLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease — 2 years

41X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma — 10 years

(c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 15, 1948, to 13 May, 1952, that I last saw the deceased alive on 13 May, 1952, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

SIGNATURE A E Mance (Degree or title) MD ADDRESS Oakland - Md DATE SIGNED 13 May 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/16/1952 — NAME OF CEMETERY OR CREMATORY Hoyes Run — LOCATION (City, town, or county) (State) Near Oakland, Md.

DATE REC'D BY LOCAL REG. 5/16/52 — REGISTRAR'S SIGNATURE Julia A Brown
24. FUNERAL DIRECTOR Emery D. Bolden — ADDRESS Oakland, Md.

MAY 27 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; Sang Run MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sang Run, Md.; LENGTH OF STAY (in this place) 55 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sang Run, Md.; STREET ADDRESS (If rural, give location) ///

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) May (Last) Friend

4. DATE OF DEATH: (Month) (Day) (Year) 5/15/1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 8/3/1881

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hazelton, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jackson Rodeheaver.

14. MOTHER'S MAIDEN NAME: Sarah Jane Manes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mary Hinebaugh, Sang Run, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Pneumonia — Interval between onset and death: 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemmorhage — 4 weeks

(c) Arteriosclerotic Hypertensive C.V. Disease — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1945, to 15 May, 1952, that I last saw the deceased alive on 15 May, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE: A.E. Mance (Degree or title) MD ADDRESS: Oakland Md DATE SIGNED: 17 May 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5/18/1952

NAME OF CEMETERY OR CREMATORY: Oakland, Cemetery

LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 5/16/52

REGISTRAR'S SIGNATURE: Julia A. Power

24. FUNERAL DIRECTOR: Emroy D. Bolden ADDRESS: Oakland, Md.

29

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lock Lynn
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Oakland)
STREET ADDRESS (If rural, give location) Gnegy Church Md.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Sophia (Last) Mosser
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 8, 1862
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Houser
14. MOTHER'S MAIDEN NAME Annie Sophia Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Pearl Hauser (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	2 year
	(c) Arteriosclerosis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/29, 1952, to 5/12/, 1952, that I last saw the deceased alive on 5/12/, 1952, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE A. E. Mance MD (Degree or title) ADDRESS Oakland Md DATE SIGNED 13 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 15, 1952
NAME OF CEMETERY OR CREMATORY Red House Cemetery
LOCATION (City, town, or county) (State) Red House, Maryland

DATE REC'D BY LOCAL REG. 5/15/52
REGISTRAR'S SIGNATURE Julia A. Nawan Local
24. FUNERAL DIRECTOR Wayne C. Spiggle ADDRESS Davis Wma

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1952
BUREAU V. S.

30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A17

1. PLACE OF DEATH
COUNTY GARRETT, STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND,
LENGTH OF STAY (In this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMO IAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND, COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, Rural
STREET ADDRESS (If rural, give location) ROUTE # 2

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) MATILDA (Last) ROTH

4. DATE OF DEATH: (Month) MAY (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: MARCH 5,

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BITTNER, WILLIAM HENRY

14. MOTHER'S MAIDEN NAME: REINHOLD, NANCY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: THETA MAXEY OAKLAND, MD, ROUTE # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis, liver & lung — INTERVAL BETWEEN ONSET AND DEATH: unknown

199.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (primary site unknown)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 17, 19 52, to May 10, 19 52, that I last saw the deceased alive on May 10, 19 52, and that death occurred at 10:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Alvarez M.D. Oakland, Md. May 12, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | 5/13/1952 | St. John's Cemetery | Red House, Md.

DATE RECD BY LOCAL REG. 5/13/52 | REGISTRAR'S SIGNATURE Julia A Rowan | 24. FUNERAL DIRECTOR ADDRESS Emroy D. Bolden, Oakland, Md

RECEIVED
JUN 5 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05331

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND,
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MC HENRY, Md Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARSHALL (Middle) CLARK (Last) SNYDER
4. DATE OF DEATH (Month) MAY (Day) 10. (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 5/26/ 1893
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? A
13. FATHER'S NAME SNYDER, FRED
14. MOTHER'S MAIDEN NAME LOHR, HENRIETTA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS MRS. RUTH SNYDER MC HENRY, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 hr

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1951, to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 2:10 p m., from the causes and on the date stated above.

SIGNATURE C. S. Bangartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 5/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/13/1952
NAME OF CEMETERY OR CREMATORY Bittinger Cemetery.
LOCATION (City, town, or county) (State) Bittinger, Md.
DATE REC'D BY LOCAL REG. 5/13/52
REGISTRAR'S SIGNATURE Julia Brown
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

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JUN 5 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

1

MARYLAND STATE DEPARTMENT OF HEALTH

06909

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, MD.
LENGTH OF STAY (in this place) 3 mos. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND,
STREET ADDRESS (If rural, give location) 19 ALDER, STREET

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) Alfred (Last) STURGISS
4. DATE OF DEATH (Month) MAY, (Day) 6, (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 10/12/1871
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUGGIST
10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE
11. BIRTHPLACE (State or foreign country) MORGANTOWN, W.VA.
12. CITIZEN OF WHAT COUNTRY? U.S. A
13. FATHER'S NAME STURGISS, ALFRED
14. MOTHER'S MAIDEN NAME WAGNER, EMMA A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. W. A. STURGISS, OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Shock	16 hr
902.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Right Femur	16 hr
	(c) Cerebral Vascular Accident	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital
(CITY OR TOWN) Oakland (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) 5 (Day) 5 (Year) 52 (Hour) 1050 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fell out 2 bed.

22. I hereby certify that I attended the deceased from Nov, 1940, to May 6, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 2.55 p.m., from the causes and on the date stated above.

SIGNATURE E. J. Bourgeois (Degree or title) Md ADDRESS Oakland Md DATE SIGNED May 6-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/9/1952
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 5/9/52
REGISTRAR'S SIGNATURE Julia A Rowan Local
24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md

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